SEPTEMBER 1977

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A JOURNAL OF BETTER LIVING

Archie Griffin – Part of a Great Family Lineup

The Sneaky Epidemic

Sex, Marijuana, and the Unborn Child

Got Those Low-down Moaning Blues?

Editorial

Nondrinkers Win Rights at Race Tracks

Let nondrinkers take a leaf from the book that has been written by nonsmokers.

As the result of a long string of complaints, nonsmokers are now enjoying areas in airplanes, buses, some restaurants, and other public places where smoking is banned. Such areas are increasing in variety and in comparative size.

Complaints by nondrinkers about drinkers of alcoholic beverages have now reached the point that they too are beginning to receive consideration. At least two major auto racing tracks are offering special "nonalcoholic" sections for their 1977 events.

First to announce its decision was Atlanta International Raceway, near Hampton, Georgia. Soon thereafter came word from the North Carolina Motor Speedway at Rockingham.

Spectator reaction was not long in coming. Reported Bobby Batson, an Atlanta Raceway official, "We are selling so many tickets to the nonalcoholic section for our Dixie 500 stock car race that we may have to think about expanding it in the future. We received ticket orders the day after we announced it. It's something new, and I'm sure when everybody finally becomes aware of it, it will grow rapidly in popularity."

The reason for this action was explained by L. G. DeWitt, president of both speedways, when he said, "We have received complaints by mail, telephone, and in person from fans who do not drink alcoholic beverages and say they don't prefer to be around those who do. We appreciate everyone's right to enjoy races in the style that suits them, so we're willing to set up this special section and see what happens."

Prime sections are being allotted at both raceways for nondrinkers. The North Carolina location will be a popular grandstand section at the end of the back straightaway. Atlanta's section will be in the main grandstand.

Another reason for the new development is that drinkers at times become a safety hazard to the racing event itself. Winner Richard Petty of the Carolina 500 in March, 1977, observed that during the five-hour race "the fans got drunker and drunker the longer they sat," and that the bottles and cans thrown on the track caused a serious safety problem.

It seems that the voice of the nondrinker is beginning to be heard. Maybe the time has come that the movement for human rights can include those who choose not to drink.

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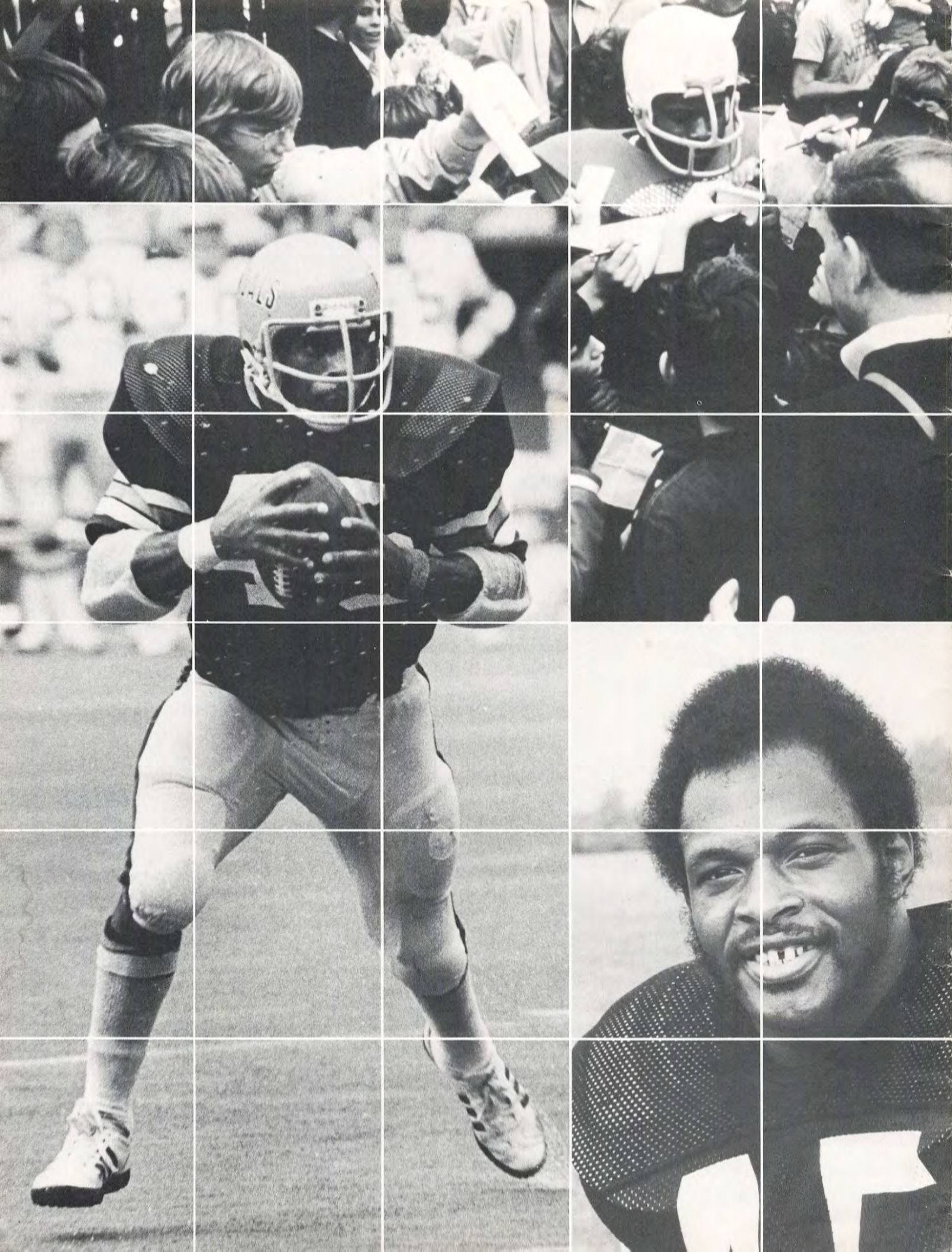

The two-time winner of college football's Heisman Trophy finds his greatest competition right in his own family

Archie Griffin—Part of a Great Family Lineup

Tim Garrison

Archie Griffin. The name stirs strong reactions in and about Archie's hometown of Columbus, Ohio, ranking right up there on the emotional scale with patriotism. At one extreme is Archie himself—silent and shy. At the other the torrential outpouring of Woody Hayes, Ohio State University football coach.

"Archie Griffin is the greatest back I've ever seen or coached," Hayes says. "He's also the most popular player the Buckeyes have ever had, by far. In fact, when Archie was with Ohio State we valued his attitude more than his football ability (which is saying something, because he can do everything). He's a great blocker, a great faker, and a great broken-field runner—one of the rare backs who can run over you or around you."

You must be kidding, you might say to yourself; surely Archie Griffin has a few faults. And yet indications are that Griffin's finest achievement, even more impressive perhaps than winning the Heisman Trophy two years in a row, is his ability to live up to what he calls the "Three D's—desire, dedication, and determination."

Griffin is truly embarrassed, for example, when asked about the phenomenal string of records he has left behind him on the football field at OSU. He also reads the Bible faithfully. He always makes his bed when his current team, The Cincinnati Bengals, stays in a motel. He dotes on children, and he's even kind to reporters and other oppressed peoples.

Griffin is only the fifth player to have won the Heisman Trophy as a junior in the 40-year history of the award and the first since Roger Staubach in 1963. He's also the only player in the history of college football to win the Heisman Trophy twice, in his junior and senior years. And that's only the half of it. Or more precisely the eighth of it, for James and Margaret Griffin have been raising a whole football team of their own. The Griffin lineup: James, Jr., 29; Larry, 27; Daryle, 25; Archie, 23; Raymond, 21; Duncan, 19; Keith, 15; and Crystal, 10. All the Griffins are or were football players.

It's only within this tightly knit family and its struggles and dreams that we learn what has made Archie Griffin the man he is today. For the glory that Archie has received is not just one man's honor but a whole family's. In fact even Archie's two Heisman statuettes would look lost in the Griffin recreation room where hundreds of trophies, plaques, medals, citations, ribbons, bronzed cleats, enshrined helmets, and mounted hunks of goalposts adorn all four walls, climb the stairway and spill over into the dining room.

And the custodian of these trophies is James Griffin, Sr. "My father is the hardest working man there ever was," says Archie. James, Sr., was raised in Holden, West Virginia, a coal-mining camp in Appalachia. After a stint in the Navy he married the second of 13 children, Margaret Monroe, from a nearby mining camp in Hatfield Bottom, and went to work in the No. 1 hole of the Island Creek Coal Company.

James, Sr., moved his family to Columbus in 1952 when he was laid off his mining job. In Columbus he established a punishing routine that he still follows, working 20 hours a day. He drives a sanitation truck by day, works in a steel foundry at night, and serves as a janitor in a high school in the hours between.

At first the elder Griffin decided that baseball would become the family vocation. His goal was to raise an entire team of Griffins. As it turned out, however, the Griffin boys were soon populating backfields instead of infields.

Archie began his career in a vacant lot across from the now abandoned Griffin Grocery that the rest of the Griffin family tended while James, Sr., was working. "The toughest maneuver was cutting back on the rocks and broken bottles," Archie recalls. When he moved up to Little League football, "I played middle guard," Archie says, "because I fit the description—short and fat."

Nicknamed "Tank" because of his ponderous ways on the field, Archie decided at age 12 it was time to lose some weight. Fortunately by then the family had given up the grocery store and instead of feeding on candy bars he began to run to school. He lifted "weights"—two cases of bottles filled with dirt and attached to the ends of a mop handle. And on hot summer days he pulled on three mohair sweaters, climbed into the family's disabled station wagon, rolled up the windows, and did sit-ups. Often Archie would let the bathroom hot water faucet run full blast and sweat it out in his own improvised steambath.

All the exercises worked— but not for football. Archie found himself anchoring the 440 and 880 relay teams at school. It was only when at age 13 he turned up for football tryouts that he finally found his calling. "No fullback showed up, so I volunteered and they told me to stay there." And stay there he has through nearly ten years of assorted runs, blocks, and touchdowns.

Opponents award Griffin the highest mark for his mastery of the ABC's of running—acceleration, balance, consistency. Griffin's playing weight is around 180 and his listed height of 5' 9" is on the generous side. He creates optical illusions because, like the mythical griffin, which is part lion, part eagle, his powers are a blend of disproportionate parts.

At Ohio State, Archie's teammates called him Duckfoot. Yet it is Griffin himself, saying it all dates back to his "Tank" days, who provides the most accurate description of his running. "I waddle," he says.

Running at full waddle, Griffin moves along as if his feet need realignment. He runs low, pitched forward at an odd angle. His shoulders roll one way his hips another. And all the while his legs keep bowing out to the side while somehow moving forward. Tackling Archie, says Wisconsin assistant coach Lew Stueck, is "like trying to tackle a falling tree in a windstorm."

As hard as Archie's waddling efforts are to stop, at times they have been stopped. At those times, when the goalposts seem miles away, Griffin can still find satisfaction. "I'm not going to break a play every time; there's going to be times I'm going to be stopped. But the only really good feeling I have about it is that I did the best I could possibly do at the moment." And with that statement—like a cartridge just slipped into a tape deck—Archie starts his 3-D speech. "Desire, dedication, and determination—those are the qualities that have helped me. It's all part of a feeling inside that you've done your best whether it be in football, school, in your business, or anything."

Archie inherited much of his 3-D philosophy from his parents. They were determined to give each of their kids all the support they needed. For several years they drove hundreds of miles to see their far-flung sons play in as many as six games over a fall weekend. "My father never missed a game when we were in high school. You knew he was there because you could feel his eyes on you. You could hear him, too, yelling at you from the sidelines. We all performed for him," Archie says.

So how does it happen that the same ghetto that produces the winos, the drug addicts, and the prostitutes, also yields a three-time All American football player who reads his Bible every day? "Well, I think it's because of faith," says Archie. "Our family is a religious family. We believe in God. When I have problems I turn to God, and things just seem to work themselves out." That same faith helped the Griffin family mix the right amount of love and discipline to create a feeling of security in their kids—the kind of security that keeps the family close and yet gives each kid the right to be distinct.

It wasn't hard for Archie to resist the attention-seeking troublemakers, drug pushers, junkies and other assorted influences of the street. "I was confronted by drugs a lot," says Archie. "A lot of people would come to me and they would want me to try this or that. But I feel I don't have to be around them if they don't think I can be their friend if I don't take drugs." Of course not every kid who grows up in the ghetto has a mother and a father like James and Margaret Griffin. But there were other ways in which Archie was able to cope with the pressure of growing up, and one of those was sports. "I think sports really helped me because I always wanted to compete, and it's helped me in my personality because I think sports doesn't just help your body but it builds your character. It teaches you to win, and it also teaches you how to accept it when you lose."

Which brings us back to good old desire, dedication, and determination. Archie repeats these three words to school assemblies, ghetto meetings, and sports workshops across the country. He first heard them back in his junior high school days in the north side of Columbus. It was the wise advice of a counselor who told the students that if they wanted something, the 3-Ds were the right combination to get it.

But what that counselor had told Archie verbally his father had been demonstrating to him all his life. "My dad always worked hard. He had the desire to work hard, and I think that's where most of my family gets that desire."

So where does the dedication and determination come in? Perhaps the place to look is at Archie's Christian faith. "I have weaknesses just like anybody," says Griffin. "But I feel I have a personal relationship with Christ and I can tell the Lord my problems. I feel it's important to realize that accepting the Christian way of life is not a half-way type of thing; if you're going to do it, you have to go all the way."

Maybe the best example of Archie's Christian dedication is how it affected his college roommate, Cornelius Greene. They were an odd couple, No. 45 and No. 7, a votary and a voluptuary. Greene, who was called Mr. Flamboyant, claims that he and Archie complemented each other. "Man, if you can believe it, when I first met Archie he wore black shoes with everything. But now I got him shaped up—he's got red shoes, green shoes, all color shoes."

What Greene got in return was religion. "When I wasn't starting right away," says Greene, "I was very disappointed, very low. I'd sit there watching *Kojak* on TV and Archie'd be reading the Bible. It got to working on me, you know, and pretty soon he made me receive Jesus Christ into my life."

And so on it goes. Each member of the Griffin family putting their own kind of 3-D philosophy into effect. Archie's greatest competition is not the fearsome front line of the opposing team but the team that resides in his own back yard—and nobody could be happier than Archie himself. "I always wanted Raymond to be better than me, and Raymond wanted Duncan to be better than him, and Duncan wants Keith to be better than him. And I think if it can happen like that it will be just beautiful."

Archie Griffin—a part of a Griffin dynasty that has yielded not only great football players, but great people as well. ◇

The Griffin lineup (from left): Ray; Crystal; Larry; Archie; James, Sr.; Margaret; Keith; Duncan; Daryle; and James, Jr.

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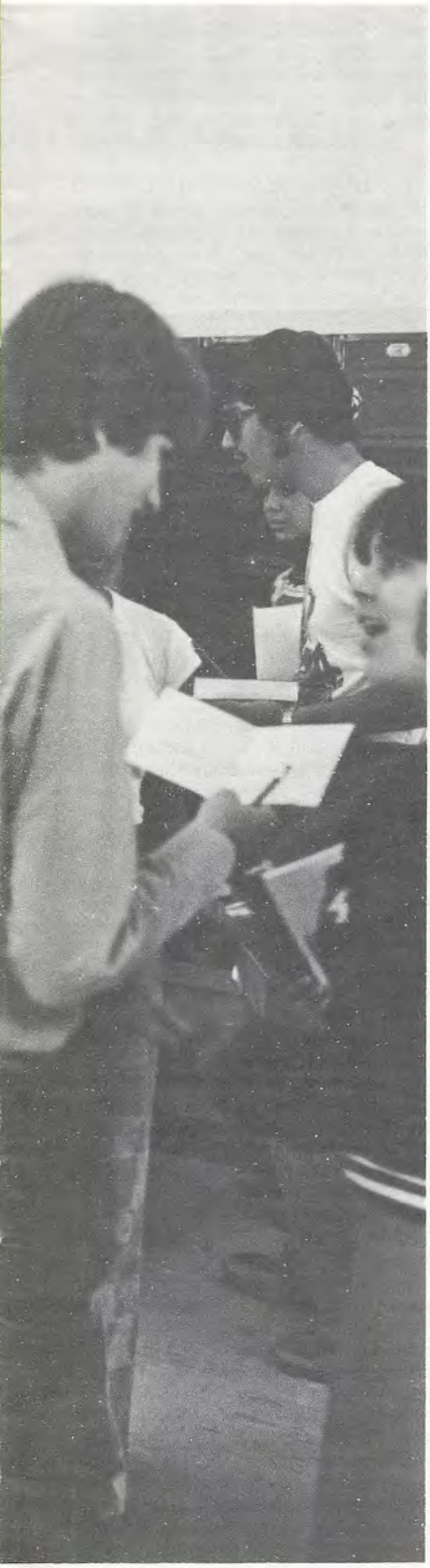


Teens run the risk of getting it before their high school diploma

The Sneaky Epidemic

LaVonne Neff

V.D.? No worse than the flu.

I couldn't possibly have it. I'm on the Pill.

"Nice" people don't get V.D.

You've heard these comments. You may even have made some yourself. Trouble is, they're false. Completely, 100 percent, tragically false.

This article is a warning. It was written because the United States is in the midst of an epidemic. YOU could be a victim. Probably someone you know already is. Dr. Walter Smartt, chief of the Los Angeles County Venereal Disease Control Division, estimated five years ago that "the probability that a person will acquire V.D. by the time he's 25 is about 50 percent." And the epidemic is further out of control today.

Venereal diseases are now number one among serious communicable disorders in the U.S. The risk is especially high for teen-agers. "The Communicable Disease Center reports the V.D. rate in the 12-to-20 age group is triple that of the rest of the population," warns a recent magazine article. "The typical high school student in Los Angeles, New York, and other big cities will have V.D. before a diploma."

What is venereal disease? The term "V.D." usually means one of two diseases, syphilis or gonorrhea. Other disorders transmitted through sexual contact, such as herpes, vaginitis, and pubic lice, are often called S.T.Ds. (sexually-transmitted diseases). All of these diseases are extremely contagious. Many are dangerous.

Syphilis, the most deadly venereal disease, has three stages. Primary syphilis shows up sometime between ten and 90 days after exposure. The first sign is an open sore on or near the sex organs (or sometimes the mouth). The sore usually goes away in about three weeks. At this point the disease begins to spread through the body.

Secondary syphilis may consist of a rash, bald spots, fever, sore throat, bad headaches, swollen joints, or any of a number of other symptoms. Once these symptoms have gone away, the syphilis victim may think he is cured. He likely is not.

Third-stage syphilis is sneaky. The germs attack the vital organs of the body and work quietly. Sometimes they attack right away. Sometimes they wait 25 years. The victim rarely suspects they are there until the damage is done. Then a major blood vessel bursts. Or spinal paralysis sets in. Or the victim goes insane, or blind, or has a heart attack. Or a woman gives birth to a grossly deformed or dead child.

Gonorrhea is by far the most widespread venereal disease. According to *Science* magazine, "more cases of gonorrhea are reported each year to

the U.S. Public Health Service than cases of all other communicable disease combined, including chicken pox, syphilis, mumps, hepatitis, tuberculosis, and measles." And *Scientific American* adds the chilling information that although gonorrhea is reported three times as frequently as all other reportable infectious diseases combined, it is still probable that seven eighths of all gonorrhea cases go unreported!

Gonorrhea first appears in the male in the form of a white discharge from the penis or painful urination. His symptoms can appear almost immediately after exposure or up to a month later. Most females and some males have no symptoms at all. In either sex untreated gonorrhea may lead to sterility, severe arthritis, or blindness. A female faces the added danger of tubal pregnancy (the fetus begins to grow in a fallopian tube instead of the uterus, a complication that is often fatal). If she carries a baby to term, chances are excellent that it will go blind shortly after birth if its eyes are not treated with silver nitrate or penicillin.

One S.T.D. that has recently made the news is herpes progenitalis, a cousin of the cold sore or fever blister. Unlike its calmer cousin, the sexually-transmitted herpes sore usually appears on the genitals. So far there is no safe, effective treatment for it. But there is strong evidence linking herpes to cervical cancer in women. And if an infant is infected during birth, it likely will suffer severe damage to the central nervous system. It may even die.

Drugs—including alcohol—can be closely connected with V.D. Because these substances tend to lower inhibitions, a person under their influence may engage in sexually promiscuous behavior that he might otherwise avoid. Lower drinking ages and wider availability of drugs may have increased the sexual activity of some people, according to Dr. Charles Winick, an authority on drug dependency.

Dr. Winick believes there's a direct link between drug abuse and sexual activity. "It's possible," he admits, "but unlikely that we'll find either heavy drug abuse or heavy sexual acting out without the other dimension."

How much do you know about these diseases that cripple, blind, paralyze, deform, sterilize, and kill—diseases you have a fifty-fifty chance of getting before your car insurance rates go down? See if you can answer the following questions about sexually-transmitted diseases.

1. CAN A "GOOD GIRL" GET V.D.? Yes! And so can a "good boy." One fourth of all gonorrhea victims are never unfaithful to their spouses. Many victims do not realize the infidelity of their mates until severe symptoms of advanced cases send them to the hospital.

If by "good" you mean "socially acceptable" rather than "morally pure," you have even greater cause for alarm. V.D. attacks people of all social classes, racial groups, educational levels, and religious beliefs. Even infants and children can become victims.

2. CAN I CATCH V.D. IN A DIRTY WASHROOM? Fact is, almost all cases of syphilis and gonorrhea (except those caught by infants from their mothers) can be traced to sexual contact with an infected person. S.T.Ds. such as herpes are not necessarily transmitted through sexual relations, although the majority of infections are passed on sexually.

3. ARE THE SYMPTOMS OF V.D. EASY TO SPOT? No! Many victims will notice a sore at the point of infection, an unusual discharge, intense burning or itching. On the other hand, many will not. A blood test is necessary to identify syphilis. A smear (for men) or a culture (for women) is required to diagnose gonorrhea. Any diagnosis based on a physical examination alone may be false.

4. WILL V.D. CLEAR UP WITHOUT TREATMENT? Sometimes. Not all cases of primary syphilis, for example, become third-stage syphilis. Gonorrhea has been known to disappear as the result of treatment for other diseases or after a prolonged high fever. But here's the rub—you have no way of knowing, without laboratory tests, what is happening inside you.

Maybe your syphilis has gone away. But maybe it has gone underground and is right now weakening your blood vessels, your spinal cord, your brain. Maybe your gonorrhea has cleared up. But maybe it is damaging your reproductive system so you can never be a parent. It is never safe to assume that an untreated venereal disease has gone away.

5. WILL CONTRACEPTIVES PROTECT ME AGAINST V.D.? Maybe. Somehow the rumor got started that the Pill prevents V.D. This rumor is absolutely false. In fact, because of changes in her body chemistry, a woman on the Pill is $2\frac{1}{2}$ times more likely to contract gonorrhea from one act of unprotected intercourse than is a woman not on the Pill. On the other hand, the condom does help to protect against infection.

6. IF I GO TO A DOCTOR, WILL HE HAVE TO TELL MY PARENTS? No! In all 50 states you can be treated in a public health clinic without the knowledge or consent of your parents. But you don't know where to go for treatment? Call 800-523-1885 for confidential information about your nearest free or inexpensive treatment center. That's the toll-free number of Operation Venus, a V.D. counseling and referral service. The call will not appear on your phone bill.

7. CAN V.D. ALWAYS BE CURED? Almost always. A new strain of gonorrhea, however, is alarming public health officials. Resistant to penicillin, it can be cured only by more expensive drugs. Some cases of V.D. are not stopped by the first round of therapy and follow-up efforts are needed. Nobody should assume he is cured until lab tests show that the germs are gone. Of course, once V.D. has damaged internal organs, the damage will remain even if the disease is stopped.

8. WILL I DEVELOP AN IMMUNITY TO V.D. ? No. Sexually-transmitted diseases do not create natural immunities. They can be caught over and over again, even from the same partner. Your germs, however, may develop an immunity to antibiotics, requiring increasingly large (and dangerous) doses to stop repeated infections.

9. IS THERE ANY WAY TO AVOID V.D. ? No—not if you're the newborn infant of an infected mother. But if you're a healthy teen-ager or adult, there is a way to avoid venereal disease, but only one way. "Let's face it," says Dr. Frank Judson, director of Denver's disease control, "if two people who don't have V.D. have a single, monogamous relationship, they won't get it. The broader the scope of sexual contacts, the more likely one is to catch something. This is not to moralize. But everyone should be aware of what can happen and how to treat a problem if it develops."

A man and a woman who are, have been, and will be faithful to each other are taking no risks. But being that kind of person takes guts. Only a very special kind of high school student has the courage to say No when it is claimed that everybody's doing it.

An epidemic is raging in the United States. It has entered your community. It is infecting your school. The epidemic is impartial. It works among highly respected people as well as society's outcasts, among well-educated professors as well as grade school dropouts. It has only one preference: Although it will attack anyone of any age, it prefers the young. High school students. College students. You and your friends.

It's your life, your friends, your school, your community, your world. What are you going to do about it? ◇

Are You Like Your Parents?

How much are you like your parents? They've taken care of you, given you advice, and tried to teach you the right things to do. But how much have they really influenced you? That's this month's Viewpoint question, and here are the answers:

COLETTE McCALVIN, Age 18

They told me to get an education because it's very hard to get a job of any kind, and a high education qualifies me for a better position.

EDDIE SAVORY, Age 16

They try to lead me in the right direction, they counsel me pretty good. In some ways they are a good example to me and some ways they're not. They're not perfect, but I think they do a good job in bringing me up in today's society.

LAURA DELANEY, Age 17

My parents have influenced most my morals, I guess. The basic things that I believe in, like religion, social morals, and things like that.

ASHOR GENDELMAN, Age 17

They're not exactly strict, but I know what's right and what's wrong, and I've found they've done a really good job.

RITA DUNN, Age 17

I look at what my parents did wrong and I learn by what they did. They used to fight and finally they got separated. They weren't a good example to me, but I've learned from their mistakes.

JANE SCHWERDTFEGER, Age 17

I usually go by what my parents think—they influence me a lot. There are things they like to do, that I like to do. Or if they don't like to do it I might not either. Of course it depends on what I am too; it's not all what they do.

SONJA HATCHERSON, Age 17

My parents have influenced me to go to school and try to make something better of myself. My mom has helped me because she had a hard way to go, and she's told me how things are out in the world and how hard things are going to be.

JOHN KENNEDY, Age 17

Since I'm living with them and they're supporting me, I more or less go along with what they want me to do. I agree with most of their values, but there are some things that I don't agree with. We get along pretty well and I respect them, and we have a pretty good attitude toward each other. More or less I'm like them, but I'm growing up differently than they did.

Sex, Marijuana, and the Unborn Child

A LISTEN interview with Dr. Hardin B. Jones, University of California at Berkeley

You mentioned in a previous LISTEN article ("What Marijuana Really Does," July 1977) that long-term users of marijuana develop a type of listlessness toward life. Does this affect sexual awareness?

The marijuana user does not realize that he has changed, and if his altered behavior is mentioned, he rationalizes to justify it. For example, if an associate of his says, "You're not the strong, masculine guy you used to be," he is likely to reply, "Hey, man, the world doesn't need the strong, masculine type. That's just part of the military-industrial complex. I don't want to be the soldier type. I like it the way I am. I'm sort of mellow; I have a loving relationship with people."

He really does not realize how he has changed; he's not communicating with people. But this type of person is jarred out of his rocker when he abstains from marijuana for a few weeks and gets back some of his former mental and physical vigor. Then he can see clearly that he *was* affected by marijuana. And often he doesn't want to return to his suppressed state.

What happens to a marijuana user over a long period of time regarding his goal achievement? Does he lose interest in his goals?

Over the centuries the motivational syndrome describing the marijuana user has been observed, and clinicians are able to describe it quite accurately. It can affect both the memory (this aspect was covered in the previous article) and the pleasure centers of the brain. These pleasure centers are the conditioning centers of the brain, and every experience of life is noted as causing either pain or pleasure. They are also part of the emotional matrix. But when these centers become quiescent, it is unlikely that the person can be self-activating.

You say that "all" pleasures are affected. Does that include touch, smell, sight, sound, and taste?

Yes. In vision, for example, during the acute phase of marijuana use colors seem to be brighter because the peripheral zone of vision not in color is dimmed and the central portion then appears brighter. But in reality, this change is in the direction of tunnel vision.

Touch and hearing are altered too. Distortion occurs. Marijuana confuses the sensory correlative station. It doesn't cause blindness, deafness, or interfere with the ability to taste or smell or touch, but it *does* change the pattern in the mix that comes into the conscious mind.

Does marijuana affect the physiology of sexual function?

There can be true impotence among marijuana users—no sexual dreaming, no surges of sexual desire in either the male or the female. That's true impotence.

But there is also evidence that young people are using marijuana to increase their sexual pleasure, and this they appear to be getting from their encounters. At least at first. But this utopian situation fades rapidly. The users are then deceived only by the fact that they're using marijuana continuously and so the decreasing effect is so gradual that they don't notice the difference. But among the hundreds of cases of young people who've quit marijuana that I've observed, one of the most spectacular changes in them is the return of full sexual capacity in individuals who hadn't realized that they had slowed down. But, again, this is not limited strictly to sex, which is a small part of the whole pleasure mechanism. All these mechanisms are affected.

In other words, at the end of a long usage of

marijuana, a user may fall beneath what might be considered a level of normalcy, but after discontinuing use, return to that state of normalcy?

Yes, that's where my research has been rewarding. I don't need a laboratory for this type of work—I do research, you might say, in the reverse. I see young people using marijuana, ask them to go off marijuana, be their own control, and allow me and themselves to be the observers and find out how they react over a period of abstinence.

Many don't want to cooperate because they like to use marijuana and they don't see any harm in it—they are convinced that it's safe. But if they agree and start, they are amazed within about a month when they begin to experience a return of brain function that they hadn't even missed! Often return of a strong sexual function is part of that rediscovery.

What about the damage to the offspring of marijuana users?

By the estimations we have from laboratory animals, genetic damage is a very real risk. I also maintain that it is measurable in the human population of the U.S., but that's pretty hard to prove.

The incidence of congenitally malformed infants declined progressively from 1950 to 1970, but from 1970 to the present these rates have gone up—and they've gone up selectively. The number of infants with congenitally malformed hearts—the blue babies—has approximately doubled, which is a significant change. Malformations of the hip joint have gone up sixfold in the same period.

I maintain that the one significant factor that has changed in this country since 1970 is the explosive use of marijuana. Furthermore, this pattern of congenital defects is similar to what we have long observed in the lower classes of the population of Mexico, the only subclass having appreciable exposure to marijuana.

Dr. Hardin Jones is professor of medical physics and physiology at the University of California, Berkeley.

Is there any indication of geographical variations within the United States? For example, is there less incidence of congenital defects in Utah, which might have a lower usage of marijuana because of the high Mormon population?

Unfortunately, the state of Utah is not big enough to do this assessment by itself. But I think that kind of study *could* be done; it would be possible to get the records of the Mormons. In fact, one of my colleagues has been working with the Mormon population, and that research has shown improved health characteristics that one would naturally associate with almost no exposure to cigarettes and alcohol.

I had hoped to do research on a segment of the population not generally affected by marijuana use, but the larger blocs of the U.S. population are all heavily affected. It's becoming rare to find any segment of our population not affected by marijuana.

In your book* Sensuous Drugs *you deal at length with chromosome breakage. Is this an established fact now as far as the effect of marijuana is concerned?

I believe the chromosome effect is well established, although there will certainly be more work to do on it. The pattern is consistent. Following the lead of Professor Stenchever,* other researchers have confirmed genetic cellular damage: broken chromosomes, alteration of chromosome numbers per cell, depressive effects of marijuana on the synthesis of two nucleic acids—(DNA and RNA), depression of cell division, and interference with some of the important protein synthesis by cells. Here one of the clear examples is deficiency of human sperm in content of certain proteins.

I predicted last summer in my writing that there would be genetic damage due to marijuana smoking. After all, we have extensive observations now on the significance of many key observations made possible by the techniques of modern cell biology. These cellular effects of marijuana point to the fact that there should be genetic damage. Professor Sassenrath has established marijuana induced genetic damage in monkey breeding experiments. The work is also confirmed independently in experiments involving mice and rats. When the male parent alone is exposed to marijuana, there are significant increases in congenitally malformed offspring. This means genetic damage.

You've gone through one animal generation, but have you gone through two?

One study has gone through two generations in two separate experimental runs.

What's the significance of these findings for young people looking toward the future?

I think that young people today want to do the right things for themselves and society. I have never seen anyone completely unconcerned. Yet too many young people simply don't understand the hazards they are inviting for themselves. Unfortunately, marijuana is the most threatening substance known. No other environmental hazard is as likely to influence the health of those yet to be born. Persons smoking marijuana should pause and reflect on their responsibility for the health of their future children. ◇

* Professor Stenchever, a physician cell biologist, heads the Department of Obstetrics and Gynecology of the University of Utah Medical School. His observations are made as an expert in cell biology.

Got Those Low-down Moaning Blues?

Vivian Buchan

Was today one of those blue, down-in-the-mouth days when you felt unloved and misunderstood? Did even the most trifling problem seem overwhelming? Did going to classes make you miserable? Did you avoid your friends, feeling they didn't want to see you? Did you want to hide someplace and cry for hours?

If you felt this way today—or even yesterday too—you're experiencing a normal depression. But if you've felt this way for weeks or months, you're in trouble, deep trouble. Depression is different from unhappiness, and it's far more serious. It can overtake anyone without apparent reason.

Usually, being depressed isn't the result of something "outside" yourself, although you may think it is. Unhappiness can be caused by losing a job, a boyfriend, poor grades, frustrating home life. But depression is a deep feeling of loneliness and emptiness that doesn't go away. It becomes worse and the most serious thing is that it often precedes suicide.

Dr. R. Paul Penningroth, who works with the Linn County psychiatric clinic in Iowa, says, "Depression is the most common emotional problem a psychiatrist will see. The depressed person feels he's lost his life's goal, feels a lack of direction, feels unloved. He becomes irritable, nervous, loses his ability, suffers from insomnia, and can't concentrate. He loses self-confidence and feels guilty about trivial things. He cries easily without reason."

When Freddie Prinze committed suicide, it came as a shock to his fans who looked forward to his weekly performance on "Chico and the Man." My friend Kathy said, "What a waste! Why didn't someone know he was that depressed and do something about it?" The fact is his friends *did* know it, and they tried to help him. And they knew he'd threatened to commit suicide. But friends, while concerned, aren't able to help a person in that state of depression. It takes professional counseling.

Depression is the primary reason why students drop out of high school and college. Suicide ranks tenth among the leading causes of death in this country, and it's third among teen-agers between 15 and 19 years old. It is the most common cause of death on college campuses. About 75 percent of those who attempt suicide are females. But of those who succeed, 75 percent are males.

According to national figures, for every successful suicide there are eight suicide attempts. According to one source, there were over 26,000 reported suicides in 1974. Since statisticians believe there are at least that many that go unreported, it's reasonable to assume that about 50,000 suicides occur every year. And probably about 400,000 attempts are made.

Janet, an 18-year-old dropout, said, "Nothing I was doing seemed to make any sense. I couldn't get along with my parents, friends, or teachers. I felt worthless, unloved, unwanted. I was miserable all the time. I took an overdose of sleeping pills one night, but my mother discovered it and got me to the hospital. Another time I tried slashing my wrists, but I didn't do it right.

"One night I was so terribly depressed that I called Crisis Center on the spur of the moment just to talk to someone.The man kept me on the phone for almost two hours and finally convinced me to see a counselor he said wouldn't charge any fees. I promised I'd go see this woman and report back to him. I saw her for about three months, going to her office once a week. She really got me straightened out. Now, I've got a job, a new boyfriend, and I'm going back to school to get my diploma."

The people who man the phones at crisis centers and similar services report that suicide is one of the most common problems they deal with. One of the volunteers told me that he'd kept on the phone for over an hour a 16-year-old girl who said she'd taken 20 sleeping pills and was dying right then. She wouldn't tell the telephone counselor her name or where she was, but as she became more unconscious she finally said something that gave him a clue. He sent an ambulance racing to the place in time to save the girl's life.

The myth that people who threaten to commit suicide rarely do is just that—a myth. Prinze had threatened to commit suicide before he finally did. On the other hand, some suicidal persons don't talk about their feelings, and some aren't even aware that they are unconsciously suicidal.

What makes a person so desperate that he takes his own life? Various things. Loss of a job, a broken marriage or love affair, poor health, unemployment, and possibly race (suicide is five times greater among whites than among blacks).

John, a 25-year-old insurance agent, blamed outside reasons for his depression. He said, "When I become depressed, I thought it was because of the house I lived in. So I sold it and moved to the country. But I was just as depressed there, for I missed city life. So I sold that place at a considerable loss and moved back into a city apartment. But I was as depressed there as anywhere, so I finally realized I had to get professional help. It's a good thing I came to that conclusion when I did, for I was contemplating suicide."

There are two kinds of depression. One is the bipolar mental disorder known as manic-depressive. The person experiences wide swings from high to low. He's on top of the world for a while, and then he drops to the depths of despair. His swings are extreme and periodical. This is a sex-linked disorder in which the dominant gene in a mother can be passed to both daughters and sons, and which a father can pass to his daughters.

The depression we're talking about, however, is unipolar. It's marked by a deep depression without any swings to euphoria. This is also said to be inherited, but the condition appears to involve several genes. Some authorities describe it as coming about through a biochemical change in which there's a decrease of the body substance norepinephrine in the inner neural spaces of the brain.

Many of those who suffer from extreme depression *can* be helped. Dr. Penningroth stresses, "Nothing is ever hopeless. There is always a solution, but when you're depressed it may seem like it's hopeless."

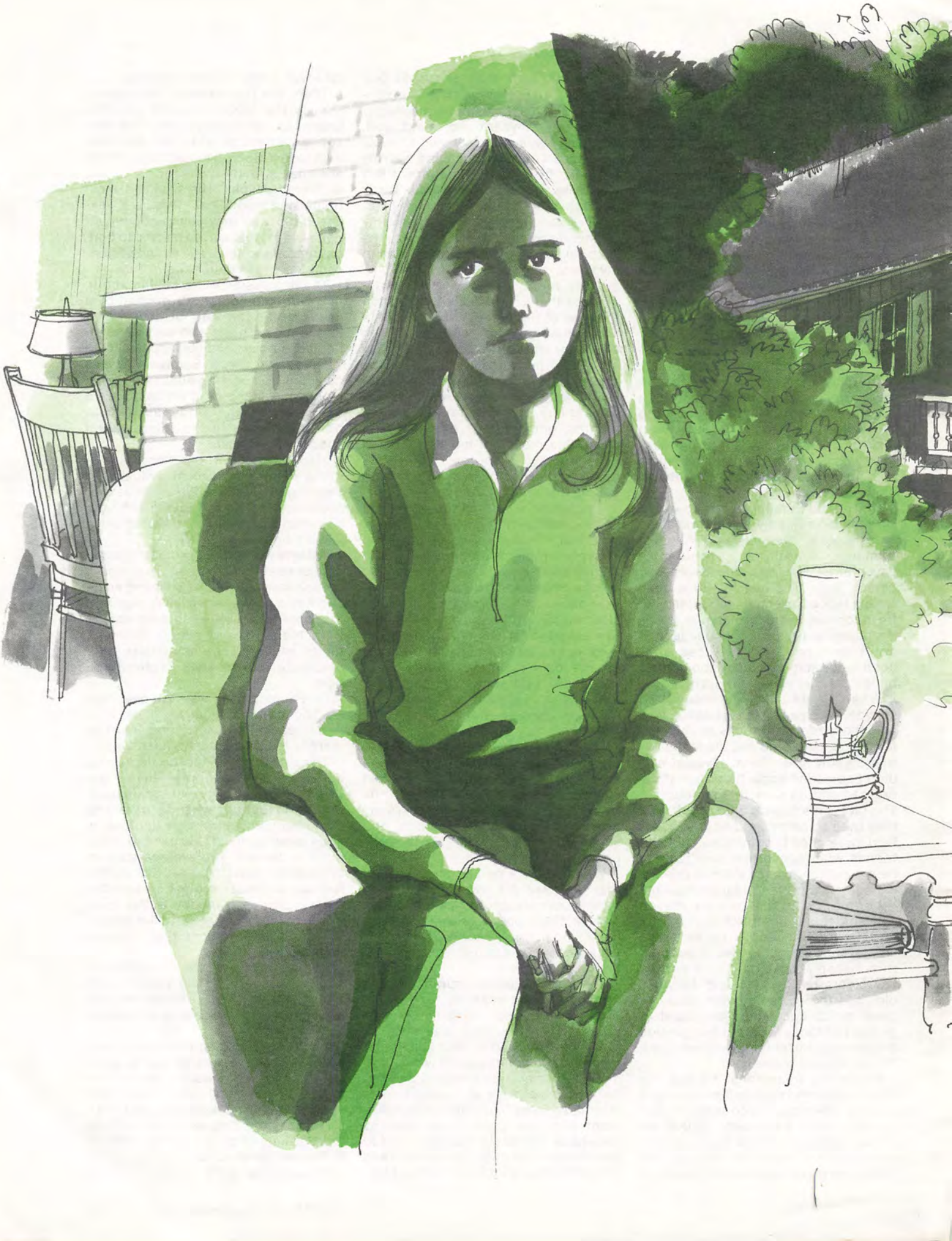
Karlene Kerfoot, a psychiatric nurse and counselor, says, "Sometimes a person may indicate he's feeling suicidal. Again he may not even realize he's that depressed. We need programs to train teachers and school counselors to spot the high-risk student and persuade him to seek professional help."

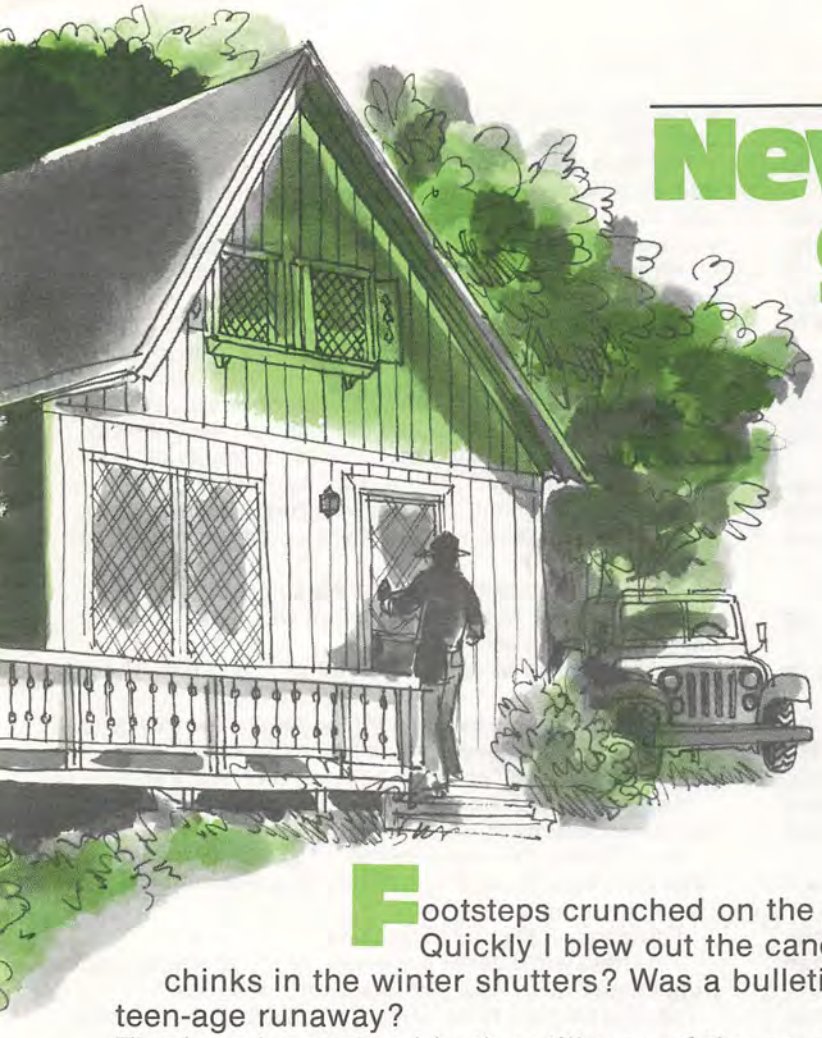
Dr. Penningroth says, "We need better community education, make help more readily available, and learn to identify the persons who need help."

The sad thing about the depressed person is that he withdraws deeper and deeper into his misery and avoids situations and people who do care and could help. Sometimes the depression goes away by itself, but far too many times it doesn't. The average state of depression lasts from six to twelve months, and that's a long time to suffer the way depressed people suffer. Even if it eventually disappears, the loss of time and achievement that resulted can't be redeemed.

The national average of suicides is about 10.5 per 100,000 people. And while that isn't astronomical, it's enough to be given serious consideration.

So if you're feeling blue and downhearted and have felt that way for more than a few days or weeks, take a hard look at yourself and see if maybe that spell of blues isn't lasting longer than it should. Being depressed is nothing to be ashamed of, but it is something to be concerned about. Besides, being depressed isn't a bit of fun. ◇





Never Talk to Strangers

Nan Friedlander

Footsteps crunched on the gravel path. Someone was coming! Quickly I blew out the candle. Had the light seeped through the chinks in the winter shutters? Was a bulletin already out for Lucy Henderson, teen-age runaway?

The knock was loud in the stillness of the empty cabin. "Lucy, Lucy Henderson, are you in there?" The man's voice sounded young.

I didn't answer. Maybe he'd go away. Wasn't it enough to leave your family forever without admitting it to a perfect stranger?

"Lucy, listen to me. I'm sure you're in there. My name's Tom Griffith. I'm helping the park ranger out at the main entrance. You know, Fred McCarthy. He's on vacation now. I know you've never met me, but you must believe me. I'm here to help you."

I shivered. I'd never been to the cabin at this time of year. I'd always come with my family in the summer months when the lake was crowded with swimmers and fishermen. Tom Griffith. I supposed that name was as good as any other he could make up. He could call himself Santa Claus for all I cared. My family had told me never to talk to strangers.

"Lucy, your mother called me at the ranger station. Your father's had a heart attack. You must come home at once."

Heart attack! I reached for the back of the chair, tipping over the empty whiskey bottle. It rolled against the candlestick, making a dull clink.

"Lucy, I hear you. Come on, open the door." The knob rattled, but the heavy wooden bar held fast.

I sat down and closed my eyes. The man's voice sounded far away now. Instead, I heard my dad's angry words of that afternoon.

"Lucy Henderson, we've done everything in the world for you. You've had the best education and opportunities available. It's our job to advise you, and we tell you that this Buck Mitchell you've been running around with is no good. He doesn't care about school, he drinks, and I wouldn't be surprised if he were into some really hard stuff."

"But he's fun and exciting, and he really cares about me. I know he does."

"And I don't?"

My mother added her bit then. "Oh Lucy, darling."

"Keep out of this, Mother." I couldn't stand that whining voice. "You won't have to worry about me anymore, because I'm leaving. For good." I ran down the driveway to Buck's car. He waited for me with the radio on.

"Where to, Baby?" He opened the door from the inside. "How about the bowling alley at the Y or—hey, what's with you?"

"Drive me somewhere, anywhere, but not to the Y. I don't want to see anyone right now. I know. Let's drive to our cabin at the lake."

"Super. That idea I like." Buck zoomed northward, his unmuffled engine roaring in the fast lane. He didn't slow down until we reached the side road that wound among the pine trees to the lake.

I had no trouble finding the extra key under the steps. Buck opened the door and went straight to dad's liquor cabinet. He grabbed a couple of bottles and brought them to the table.

"One's enough, Buck. I don't like it much."

"Come on, Lucy-Baby. Let's have a little fun. What are we here for anyway?"

"I don't know exactly, but not drinking all my dad's whiskey."

My reluctance was no match for Buck's quick-pouring arm. We finished one bottle in a hurry, but then started arguing about the second. It was the same old story, about how I should get out and live a little, let myself go. I'd heard it all before, and I wasn't surprised when Buck gave up and left, taking the second bottle with him.

"Lucy, please open the door. I'm here to help you. I promise."

Who was that? Oh, yes. The man from the ranger station. My head was swimming. I must have drunk more than I thought.

"Go away." If only I could sleep! I weaved to the corner couch, where I'd once curled up and read so many books on summer afternoons. The blankets felt damp and scratchy. I wished I had my down jacket. Too bad you never knew when you were going to leave home forever.

The door handle rattled again. "Lucy, listen carefully. I heard the sound of a bottle. Don't go to sleep. Don't pass out. Trust me. Your mother said to tell Bunny we want her home. Tell her the doctor says her dad is in the coronary unit at Wakefield Hospital in River Falls and that he won't live through the night unless he sees her again."

Bunny. That was my family's pet name for me ever since I was Chief Bunny in a nursery school play.

What had the man said about my dad? He wouldn't live through the night? I sat up, blinking hard. My dad? It couldn't be true. Dad was always there. No one could hurt him. Certainly he could never die! It was a trick. This man was trying to get me to open the door, that was all. Still, what if he were telling the truth? What if— Oh, Daddy!

I got up and felt my way to the door. What was this guy's name? Tom something. I lifted the bar and opened the door wide enough to peer out. The man stepped slowly back to the edge of the porch. By the light of the stars I saw the gleaming buttons on his uniform and the dark patch of the forest service on his sleeve.

"Hello, Lucy. I'm Tom Griffith. I'm working this semester at the ranger station." He was speaking very slowly. Did he think I was stupid?

"Yes, yes. What did you say about my father?"

"He's had a heart attack. They have him in the coronary unit at Wakefield Hospital in River Falls. No visitors are allowed to see him except you. Are you ready? We haven't much time."

Bunny. Wakefield Hospital. River Falls. He couldn't be making all that up.

"I'm coming." I went back into the cabin, threw out the bottle and closed the doors to the liquor cabinet. Dad had been right about Buck and his drinking.

Tom held open the door to his pickup. "It'll be a bouncy ride. I'll have to drive fast." He went around to the other side, climbed in, and started the motor. "I sure was afraid you weren't coming with me." He gave me a glance.

I turned away and looked out at the dark trees. "I guess I've caused everyone a lot of trouble."

"That's one way we learn," he said quietly. "You'll probably be better for all this. It's your dad we have to worry about."

Thoughts of my dad ate away at the corners of my mind during that drive, but I couldn't think about how ill he was. I must have slept finally, for when the truck jerked to a stop, I found my head against Tom's shoulder.

"Here's the hospital, Lucy. I'll walk you to the main desk and wait for you. Your mom said you could see him only a few minutes."

I followed Tom into the white waiting room. My head was clearer now, but I was glad Tom was there to talk to the nurses at the desk.

A nurse got up at once. "Come this way, Lucy. There isn't much time."

She stepped aside as I entered the room. Dad was lying stiller than I'd ever seen him, attached to wires.

"Daddy?" I touched the hand lying on the sheet.

His eyes opened slightly, then wider, blue eyes so much like mine. "Bunny?"

"Yes, Daddy, I've come home." I saw his face relax. "You were right about Buck, Daddy. You were right about —so many things."

"I *do* care—" My dad swallowed.

"I'm afraid you'd better leave now, dear," the nurse said from behind me. "Your father's a very sick man."

I blinked back my tears. "Good-bye, Daddy. I'll come see you tomorrow."

Dad nodded once and closed his eyes.

I headed back to the waiting room. At the end of the corridor I saw a phone booth and on impulse stepped in and dialed Buck's number.

"Yeah?"

"Buck, it's Lucy. I had to come back. I'm at the hospital. My dad's had a heart attack. Listen, can you pick me up and take me home?"

"Baby, you know I can't. This is Wednesday night, remember, my owl bowling night. I'm just leaving for the Y."

"Oh, I see. Well, good-bye then."

"So long, Baby."

So that was that. Slowly I replaced the receiver and went to the waiting room. Tom was there by the front door.

"How about some hot soup before we go to your place? I called your mother and told her you were safe and on the way home."

"I'd like that. You seem to think of everything."

"That's my job." Tom looked at me steadily. "No, to be honest, that's a little more than my job. You're a special case."

"That's one way of putting it. A dumbbell would be another."

"That's not what I meant." He paused. "What are you smiling about?"

"I was thinking that *you* are the special case. We have a family rule, you know, never talk to strangers."

"But I'm not a stranger." Tom helped me into the front seat of the pickup.

"Not anymore."

"Not ever again. There's no rule about not talking to friends, is there?"

"No rule about friends." I smiled again, as Tom closed the door and then drove me toward home. ◇

If I'm 13 years old, am I too young to be engaged to a 24-year-old guy?

Although age is not always of primary concern in a relationship, I think a situation like this is not usually a good one. The younger one has a real disadvantage in that she has not had the time necessary to grow in all areas of her life. The term "engaged" implies that a person is dating another exclusively. This situation effectively cuts off the opportunities to date a variety of people and compare the good and bad points of each.

Perhaps the 24-year-old in this case is ready to settle into a permanent relationship, but I do not think the 13-year-old is ready for the same commitment. I'd have less reason for concern if you were 21 and he was 32. Those growth years between 13 and 21 are very important, and a person should pass through them without major commitments to a particular life-style.

If you both really care for each other and you think you have something good going for you, then I suggest that you carry on a fairly casual relationship for a few years. Don't get into serious commitments with each other until you are both ready and able to carry them out.

Should a girl ask a guy to go out if she really likes him?

There was once a time that a girl would be out of place if she happened to ask a guy to go out on a date. Common custom still holds that the boy is usually the one to ask a girl for a date. However, it is becoming more and more common for girls to ask guys to go on dates with them. There is nothing wrong with asking a boy to go someplace with you if you appreciate his company.

In many cases, reversing the roles is very helpful to a shy boy and eliminates his problem of approaching a girl. Asking a guy out does not imply that you have to get serious with him. Asking him out simply means that you enjoy his company.

There are a variety of events that a girl can ask a guy to go to. They range from sporting events to proms and parties. Just use your imagination and ask the guy to go with you to something you think you both would enjoy.

And, guys, if you are asked out by a girl, please don't feel insulted. Take it as a compliment. If you're interested in the girl, go out with her. If not, you have the same rights to refuse the date politely just as she would if you were the person doing the asking.

I'm 15. Should I let my boyfriend get me pregnant?

Unlike other questions that I have answered in this column, this one is extremely easy for me to answer. The very simple answer is *Don't become pregnant at age 15*. It's a bad idea for a number of reasons.

Your teen years are years of growth in many ways. You are growing physically, emotionally, spiritually, psychologically, and socially. Your whole being is caught up in the growth process. That growth period is taking up a major portion of your energy. Pregnancy takes a lot of energy too. If you become pregnant too early in life, the pregnancy may draw off energy from areas of your life where you need to grow most. The end result is that you lose the opportunity you need to grow strong in all areas. After all, you only have so much energy to go around.

Several obstetricians told me that they always experience more complications with pregnant girls who have not developed fully. The girls themselves often encounter serious health problems and their babies are frequently premature and have a variety of medical problems at birth. The number of teen-age girls who experience a miscarriage is surprising. Maybe you should talk to your doctor about it.

Teen-age mothers, especially those who are not married, lack the security and peace of mind that is essential to their own emotional, psychological and physical health before, during and after pregnancy. Many of them worry about things like—will the father of their baby still love them, how will they financially support the child, will their parents and friends accept them and help them, or are they on their own?

Young mothers who manage to deliver healthy babies are frequently frustrated several months after the birth. They may have given up opportunities for educational or career experiences, and they regret that fact.

And let's think a little of the baby. Every new life has the right to be born into a family where both parents are at least minimally prepared and equipped to care for a baby financially, emotionally, physically, and psychologically, and to provide for the baby's security in many other ways. Are you really being fair in bringing a unique and special person into the world and not being able to give at least some reasonable guarantee that you and your partner will be able to care for that person as he deserves? ◇

ask a friend

Jeff Mitchell

Have any questions about friendships and parents, drugs and health, or just your own feelings about yourself?

Ask a friend—junior high school teacher and guidance counselor Jeff Mitchell.

Address your questions to: Ask a Friend, LISTEN Magazine, Box 4390, Washington, DC 20012.

YOUNG DRIVERS MAKE GOOD SENSE

TOM DOWLING

I was strolling along the sidewalk in a nice residential area recently when I noticed a pretty teen-ager pacing around a car parked in a driveway. From the look of concern on her face, I thought she might be having trouble.

"Something wrong with the car?" I asked.

"Don't think so," she smiled. "Just checking it out."

Then she went on to tell me what "checking it out" means, and I, who thought I knew quite a bit about cars, learned a few things.

"See those flat spots on the tire tread?" she asked. "They might mean I need a wheel-balancing job."

While I looked on in amazement, this gal then pushed down on the car fenders and shook her head at the results. "Notice how sloppily the fenders came back into position?" she asked. "Well, that means I could have some shock-absorber problems. Kind of suspected that when I was driving yesterday and the steering didn't seem as good as usual."

Smiling, I had to ask the obvious question: "Young lady, how come you know so much about the mechanical aspects of your car?"

"Why not? They give us good tips in driver education at school," she replied. "And my boyfriends are always willing to give me advice. Oh!" she exclaimed, pointing to one of the car's seat belts. It had a slight rip in the webbing. "That probably happened when I slammed the door on it last night."

I shrugged. "So what? Who ever uses seat belts anyway?"

The girl looked at me like I was some kind of a nut. "Seat belts," she said firmly, "and shoulder straps are lifesavers, and anyone who ignores them is playing a pretty dumb game. An editor of one of the leading car magazines once said that nobody, anywhere in the world, has been killed in a seventy-mile-an-hour or lower speed accident while wearing an approved seat belt and shoulder harness. And I believe that! In fact, my brother was in a wreck not long ago, and the seat belt saved his life by keeping him from being tossed out of the car!"

When this teen-ager finished reading me off, she smiled, patted my shoulder, and said: "Gotta go now." And as she got into her car she waved. "You're a nice man, and I hope you're a nice driver too. Bye-bye!"

Then she was gone, but I knew I'd been talking to a pretty sharp girl. What she didn't know is that I've lectured on safe driving in safety conferences, so I should know the basics of good manners behind the steering wheel.

When I got to thinking about it, most of the material for my talks is what I've learned from *young* drivers, not *old* drivers! I've found that the young—contrary to so much you hear—are actually the first ones to express the desire to be good drivers, the first to admit that there is a lot to learn. And they are willing to go out of their way to learn and to correct their peers when they get out of line.

Most large communities offer driver improvement courses free to the public, young and old alike. Young people I know have taken advantage of those courses and have come away from them better, more confident drivers, drivers capable of handling serious problems when they arise.

"Not only that," one young fellow told me, "but you meet a lot of chicks there and make new friends." His wink told it all. Another young man said: "Believe it or not, there are some people who dig taking life-risking chances behind the wheel. Those idiots drive for thrills. You have to be on the lookout for them, man, and one of the best ways to turn them off is to not fight them for the right-of-way even when it really belongs to you. They don't live long, that kind, but others come along to take their places. You have to be alert—ALERT!"

Another 17-year-old showed me his right knee. He had been in a crackup about a year before and would never be able to walk straight again, let alone run. "I was just stupid," he explained. "Like first-class stupid! Some guy challenged me to a race and, like a dummy, I took him up on it. Big shots, you know! We both ended up against a wall—and I got this leg for the rest of my life."

"What about the other guy?" I asked.

The young man turned away. "He got killed, and I'll have that to remember for the rest of my life too."

The new drivers today know a lot of things I didn't when I started driving. Just like that girl who was "checking out" her car, teens today know that you have to maintain correct tire pressure, good brakes, front-end alignment, lights, and things like that. They realize that what's under the hood must be well taken care of and respected. But besides mechanical know how, they know about driving attitudes.

The number one rule they follow, the single one they say should be kept in a driver's mind above all others, is the use of "good common sense and respect for the other guy."

According to most of the young people who talked to me, the best rule of safe driving—at least the most appreciated—is helping the other guy or gal to stay alive by reacting to their mistakes. That's what's called defensive driving.

I've discovered in my talks with smart drivers that they never take anything for granted. If the driver ahead or behind is expected to do something, you can't take it for granted that he will. "Once you let the other guy do the driving," an 18-year-old told me, "you're in trouble. You've got to think ahead of him. Be ready for him to do just the opposite of what you'd expect—then you're not caught off guard!"

When I asked a 15-year-old girl if she knew what tailgating was, her eyes narrowed. "Oh, do I!" she said strongly. "It's one of my pet peeves. Those people who drive so close behind that you can almost hear their engine—they scare me. I try to get safely out of their way. It's idiots like that who cause most freeway accidents."

Driving alongside a young-looking fellow a few days ago, I noticed that he was pointing to the roadside, asking me to pull over. He slowed down and beckoned me to get ahead of him. When I pulled off onto the shoulder, he stopped behind me and got out.

"Your right rear tire is losing air, mister," he said.

And he was right. "I'll help you change it," he said, "or send you a truck." That bit of courtesy kept me from possibly getting into bad trouble.

I liked the approach of one 16-year-old. He told me that he and his friends have adopted this approach to driving: "If our middle-aged friends, even our parents, aren't good drivers and we know it, we do things that'll make them want to follow our example. Once they realize and admit that we can be counted on and are probably a better risk than they are, at least in certain circumstances, they'll learn from us. And when they're convinced that we have no intention of becoming or causing a casualty, they accept us for the good drivers we are!" ◇

WHAT'S YOUR SAFETY I.Q.?

Answer the following true-false questions. Then turn to the answer section at the end and rate your highway safety knowledge.

1. Most traffic accidents are caused by some defect in one or more of the vehicles involved.
2. Higher speeds on interstate-type highways make them more dangerous than other roads.
3. More than 10,000 pedestrians are killed each year by motor vehicles.
4. One-fourth of the American drivers will have an accident this year.
5. There are less than a million alcoholic drivers in our nation.
6. If everyone regularly used seat belts or child restraints, 10,000 deaths a year could be prevented.
7. Emotions are overrated as a factor in traffic crashes.
8. For some people the automobile is nothing more than a sex symbol.
9. Severe fines for driving offenses have proved effective in curbing the chronic traffic offender.
10. Modern headlights are more than adequate for normal driving.

Answers to "What's Your Safety I.Q.?"

1. False, based on a study made by the Highway Users Federation. One of the most common causes of accidents is driver error, and the most common error is failure to see and react to danger in time to avoid it. Less than 7 percent of accidents in the United States happen because of mechanical failure.

2. False. While most roads are not designed for higher speeds, interstate-type highways are. The National Safety Council actually found freeways and interstates to be *twice as safe* as ordinary roads.

3. True. However, in a high percentage of pedestrian fatalities, the pedestrian is at fault. Jaywalking, disobeying traffic signals, and intoxication are among the major causes. Approximately 10,000 pedestrians die annually in traffic, accounting for nearly one-fifth of all vehicle-related deaths.

4. True. Unfortunately, 25 percent of all drivers will have an accident of some kind this year. Although some are not severely damaged, about 32 million cars will be involved. How badly damaged they will be depends largely on how fast they were going.

5. False. The number of alcoholic drivers is closer to eight million, plus an estimated 17 million social drinkers who imbibe more than they should before driving. In at least half of all U.S. auto accidents, one or both drivers had been drinking, according to the National Safety Council.

6. True. It's old hat by now, but too many people still refuse to buckle up. If everyone conscientiously used seat belts, we could prevent at least 10,000 deaths a year. Unfortunately, many people won't be convinced until it's too late.

7. False. Most people *underestimate* how much emotion affects their driving. Good driving is a matter of emotions and attitudes. A medical study has found that the belligerent person with a negative attitude is far more prone to fatal accidents than the calm, positive-thinking person.

8. True, according to Dr. Joyce Brothers. She says that is one big reason teen-age guys often speed and show off the power of their car. Many older drivers are also reckless and take unnecessary chances to demonstrate their male superiority, she contends, feeling the car is an extension of themselves.

9. False. While attacking a person's wallet is effective in some cases, it doesn't always stop the careless driver from continuing his poor driving habits. Courts are sometimes reluctant to impose maximum fines, and serious charges are often reduced—for many reasons.

10. False. While other parts of our cars have been greatly updated, headlights are still in the dark ages. Our sealed-beam headlights are even illegal in some European countries where powerful lights show the road better and apparently cause no problems.

Well, how'd you rank? If you scored a perfect 10, probably even your mother feels safe driving with you. If you got 9, you're a pretty good driver; 8 is OK, but you should try to stay awake during drivers' ed. If you scored below 5, you'd better ride your bicycle until you've learned that driving is serious business. ◇

September Song

The quiet nights, the golden days
slipped away before my gaze
like sand in Time's hourglass.
Now there remains only a seashell memory or two
In polished splendor, reflecting evening light.
Lengthening shadows reach my open door
Summer is gone to come no more.

Carol Bessent Hayman

...aND so FORTH

YOUNG REACH OUT TO OLD IN A BRONX HIGH SCHOOL

Through an escort and errand service for their older neighbors, about 100 students at Taft High School in the Bronx are bridging the gap and becoming acquainted with older people. And they are discovering that senior citizens are not so different from teen-agers.

In addition to the feeling of satisfaction they receive, some of the teens are also making new friends. "Sometimes they invite us to dinner. One of the senior citizens is giving piano lessons to a girl escort. We have a lot of fun," reports one escort.

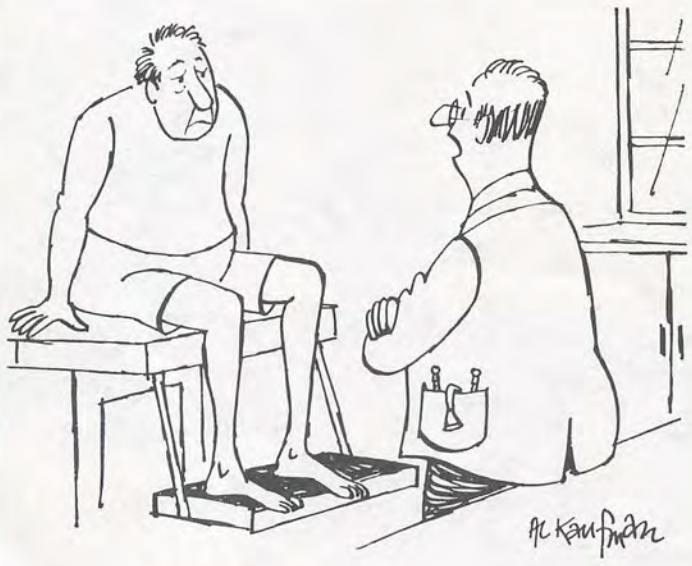
If it weren't for the services provided by the high-schoolers, many of the older people would be confined to their apartments. But with a little help and guidance from their escorts, they are venturing back into life now.

The program has garnered acclaim not only from the elderly but also from New York Mayor Abraham Beame, who recently announced plans to present the school with an honorary plaque. Other schools in New York City are considering adopting Taft's service.

"SUPERPIG" WILL CHECK OUT PIPELINE

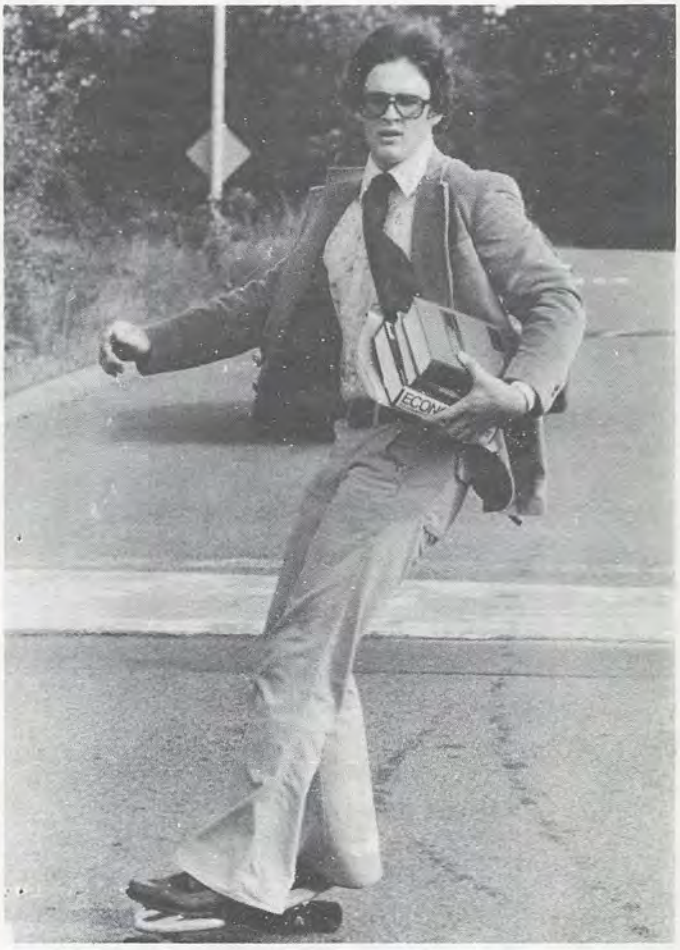
"Superpig" is going to work on the Alaska pipeline. It will inspect the 800-mile line to detect dents and wrinkles in the pipe.

"Superpig" is a 4000-pound piece of equipment with instruments which can pick up defects that might spell big trouble once the oil starts speeding through the pipeline at up to 35,000 gallons per minute.



"You're getting entirely too much blood in your alcohol system."

SKATIN' TO SCHOOL



Successful skateboarding is a lot like accounting, according to Bob Elliott of Franklin, New Hampshire. "If you balance right, the rest is an easy ride." Elliott should know—he's Bentley College's best skateboarder and an accounting student at the Waltham school. He skates around the campus from class to class.

NOW HIS NAME AND FACE ARE LOSERS

In 1970 his face was such an asset that he changed his name. Now it's just a liability.

James Laroe was such a perfect double for Richard M. Nixon that when President Nixon was in power Mr. Laroe changed his name to Richard M. Dixon and developed a career as an actor, speaker, and talk show panelist. He made hundreds of public appearances in person and on television.

But Nixon and Dixon lost their careers together. After Watergate nobody wanted to remember the Nixon presidency, so Dixon turned to other things, such as writing the score for a film.

Maybe things won't be bad forever for Richard M. Dixon—in the last few months he's portrayed Richard Nixon in an NBC movie about Senator Joseph McCarthy entitled "Tail Gunner Joe." But his face is no longer the fortune it once was.

ANY PLACE YOU HANG YOUR HAT IS HOME

Wayne A. Symonds

Hidden among these letters are 75 words meaning home. Words may overlap; some letters are used more than once. Words read forward, backward, up, down, and diagonally.

G I N I B A C G O L J P A T R I U M
R I A N O J N O D O M A O N H A K E
A V N R E L L E C A M W C Z X E R R
S E E D E G H A C I E N D A E E A A
S S M N I S R S O R W H T P L O L H
S U A A T C H A M Q C O U O P E L E
H O Y I O A A C B O A T H O U S E L
A H D T M B A R N B G E B O D T V P
C T E H O I A T A T E L A H C A O M
K N U J U N M R T V V Y T F O T H E
H E H F C T B N E I A T E P E E O T
U P C L H O E E M L C N M P E N P N
L P N A A M M D B L I A S D O T A E
E G A T T O C M E A W A M A H A L M
T O R R E M O H U G G E R P R O A E
O G A R A G E E I N F O R T U Y C S
M P H O U S E W I N E G D O L S E A
A T E N E M E N T I S K C A R R A B

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abbey, apartment, atrium, attic, barge, barn, barracks, basement, boat, boathouse, B.O.Q., cabin, cage, camp, campus; caravansary, casa, cave, cell, chalet; chateau, commune, cote, cottage, dobe, donjon, duplex, estate, flat, fort, garage, grass shack, hacienda, ham, harem, hole, home, hotel, house, hovel; hut, igloo, inn, jacal Mex.), junk, kahn (E. Ind.),keep, kraal, lodge, log cabin, mahal (India), mew, mimi (Australian), motel, pad, palace, pen (Jamaica), penthouse, ranch, serai (Turk), shed, sod hut, tata (Afr.), tembe (Oriental), temple, tenement, tent, tepee, toft (Scot.), tower, trailer, venta (Span.), villa, wigwam, yamen

THINK MULTIPLE

Alan A. Brown

Here we've grouped the English language's quads and quints, with some of the more commonplace triplets included for good measure. How many of the following "multiple" words can you complete correctly? (Answers on page 24.)

1. agreed to by three parties tri.....
2. a support having three legs tri...
3. government by three persons tri.....
4. vehicle with three wheels tri.....
5. fork with three prongs tri....
6. a plane figure with four angles quad.....
7. quarter of a circle quad....
8. the act of squaring quad.....
9. occurring once in 4 years quad.....
10. period of four years quad.....
11. happening every fifth day quint..
12. musical composition for five singers quint..
13. to multiply by five quint....

GAMES AND ACTIVITIES

Frieda M. Lease

Look for one kind of recreation in each sentence. When you spot one, underline it. See the example to help get you started. (Answers on page 24.)

Example:

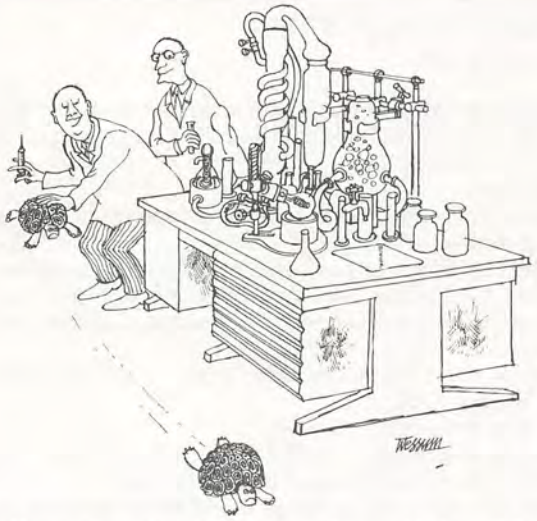
The lamb would have tasted better if she hadn't spread that *bad mint on* top of it.

1. The directions in her note read: Turn-R-on gravel road then go-L-from gas station. Watch for park entrance on right.
2. The marsh land appeared too wet and squashy to drive on.
3. Salad and rolls are included with the chicken croquettes at the Watson Cafe.
4. It was kind of him to help.
5. There are also "C" certificates available now.
6. Matches should be kept in a dry place.
7. We heard the front marcher yell to the others to halt for traffic.
8. Ask a teller at the bank for those coins.
9. The food checker sorted the items.
10. The Andrew Jackson House in Nashville, Tenn., is call "The Hermitage."
11. While he was still in shock, eyewitnesses were being questioned.
12. The flapping pongee curtains distracted the speaker.
13. There's always more curl in Gloria's hair in humid weather.
14. How restless students get just before vacation time.
15. Did you hear that noisy rooster crowing in your garden this morning?
16. He injured his elbow lifting that heavy crate.
17. Three children fell across empty cartons in the hall.

POSTER CAMPAIGN

A billboard campaign which proclaims, "Friends Don't Let Friends Drive Drunk," has been under way through the Salt River Valley in the Greater Phoenix, Arizona, area.

Sponsored partly by the Eller Outdoor Communications Company and the Arizona Automobile Association, the billboards are directed toward persons who drive while drunk.



You realize what this means to the world of sports?

NEW RULE IN JAIL— NO SURFING IN THE CELLS

A prisoner in Sydney, Australia, got into trouble for swimming and surfing in his cell. It was simply a matter of creating the right conditions, he told a royal commission inquiring into prison life.

The prisoner explained that he stuffed cracks around the cell door with bread and paper, wrenched loose a plumbing fixture, and let the water rise up to the window bars.

"I could sit on the windowsill and dive in again and again, and when the door was eventually opened, I used to surf out to the yard on the rush of water," he remembers fondly. "I would get a fair way before I hit the ground and skinned my knees and elbows."

IT'S A BIRD! IT'S A PLANE! NO, IT'S A BRIDE AND GROOM

Despite forecasts of bad weather, the bride and groom—and the guests—flew through the wedding. For one and three-quarter hours the wedding party traveled in 14 hot-air balloons 2100 feet above northern Iowa.

The wedding of Dawn Friedley and Bert Roberts, Jr., is believed to be the fourth wedding performed in a hot-air balloon, but the first with tuxedos and other formal attire.

After a wedding like that, what do you do for a honeymoon?

THE REDS LIKE BLUE JEANS TOO

Soviet youth have fallen for another American custom—wearing jeans to all functions, no matter how formal. It's upsetting a Soviet fashion designer who complained that Russians were wearing jeans while attending performances of the Bolshoi Ballet.

"Enthusiasm for blue jeans should not be turned into 'jeansomania,' " warned designer Vyacheslav Zaitsev, who noted that, like their American counterparts, young Russians prefer patched and worn jeans.

TESTING, TESTING, TESTING ...

Marsha Ivins, NASA engineer, goes through basic medical testing for women astronaut candidates. Dr. G. Wyek Hoffler attaches a carotid artery pulse-sensor around Marsha's neck prior to a lower body negative pressure test. The testing is part of NASA's program to gain physiological information on women, which will be used as base-line data for comparative studies on future women astronaut candidates. Ivins presently works at the Johnson Spacecenter.

Answers to "Games and Activities" (page 23).

1. (go L f)rom
2. (squash)y
3. (croquet)tes
4. wa(s ki)nd
5. al(so "C" cer)tificates
6. Mat(ches s)hould
7. m(archer y)ell
8. a(sk a te)ller
9. (checker s)orted
10. (Tenn. is)
11. s(hock, ey)e
12. flap(ping pong)e
13. (curl in G)loria's
14. Ho(w restle)ss
15. c(rowing)
16. el(bow l)ifting
17. fel(l across)

Answers to "Think Multiple" (page 23).

1. tripartite
2. tripod
3. triarchy
4. tricycle
5. trident
6. quadrangle
7. quadrant
8. quadrature
9. quadrennial
10. quadrennium
11. quintan
12. quintet
13. quintuple

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Listen News

Horror Stories Don't Work

The New York Office of Drug Abuse Services' desire to know how young people react to drug prevention programs led to a study with surprising results.

The findings revealed that grim statistics, horror stories and films, and advice-ladened lectures had little impact on the teen-agers. It further indicated that this may be due in part to the fact that these scare tactics don't reach their minds.

About two-thirds of the 682 junior and senior high school students in a middle-class suburb of New York City admitted drinking alcohol, and 29 percent said they had smoked marijuana or hashish in the past six months. However, the use of LSD or hard drugs was rare.

Most students indicated that they were interested in practical programs on topics like the dangers of drugs and legal penalties. Both user and nonusers felt school assemblies were ineffective but rated rap sessions or talks by ex-addicts as far more persuasive.

Lead Accumulates in Pregnant Smokers

Cigarette smoking during pregnancy causes lead to accumulate in the fetus of a smoking mother as well as in the mother herself, according to researchers working in the Perinatal Clinical Research Center at Cleveland Metropolitan General Hospital.

The Cleveland research indicates for the first time a direct correlation between increased lead in smoking mothers and lead found in their infants, according to Dr. Mortimer Rosen, principal investigator at the center.

The research performed by Drs. Paul and Betty Kuhnert originally looked at the problem of lead accumulation in pregnant women who lived in industrialized urban areas. This study found that the lead accumulation in both the mothers and fetuses was high enough to cause inhibition of ALAD, an enzyme which helps red blood cells make hemoglobin. The investigators then looked specifically at those mothers who smoked and found that cigarette smoking can cause additional lead accumulation in both the mothers and their infants.

The Drs. Kuhnert report that the infants' blood lead levels were always less than the mothers' levels, but that the lead in the infants increased in direct proportion to the levels found in the smoking mothers.

"These measurements showed that the inhibition of ALAD was greater in smoking mothers and their infants than in nonsmoking mothers and their infants. This apparently is due to increased blood lead levels," Dr. Paul Kuhnert says.

"Pregnant women who smoke expose themselves and their infants to higher concentrations of lead than exist in their environments. This increased exposure results in decreased levels of ALAD. It also may be inferred that lead may inhibit ALAD in other body tissues, such as the liver and kidneys."

Although lead can cause brain damage in children, Dr. Rosen says it is unknown whether the levels of lead found in mothers and their infants due to smoking are high enough to cause any damage. Additional studies are now taking place.

"One thing is for sure, we know it can't be doing them any good," Dr. Rosen says.

Machine in Bar Tells Drinkers When to Drive

This is the age of automation, but who'd believe it would come to this.

Two Dallas business men are trying to market a machine which would tell a person when he's too drunk to drive.

Terry Hampton and David Fusco's brainchild is an alcohol analyzer that can be installed in a bar. For a quarter, the drinker blows into straws attached to the machine and, depending on the amount of alcohol in his blood, one of three messages flashes on the screen.

A reading well below .10 milligrams of alcohol per 100 milliliters of blood—the maximum legal amount in Texas for driving—flashes a sign saying "You're OK."

"Take it easy" is the message when the level nears .10 milligrams along with the legal implications of driving while drunk.

Anything above .10 milligrams and the would-be driver gets a red skull and crossbones and is told to call a cab.

Seeing Is Believing

Plano, Texas, has its own candid camera. The city of 50,000 near Dallas bought a videotape machine to film anyone being booked on drunk-driving charges.

The camera records the 20-minute booking process in the local police station. Frequently the person admits his guilt when he realizes that he's on film.

Although the machine cost $2000, the police department feels it has saved more than that by reducing the time the officers spend in court and by the fewer cases that go to trial.

Smokeless Olympics—Only the Torch Will Be Lit

Smoking spectators at the 1980 Olympics in the USSR may be in for a shock.

The Committee of Physical Culture and Sport has recommended a smoking ban at all facilities in the country. The Soviet Union's highest sports authority further advised that the sale of tobacco products be prohibited.

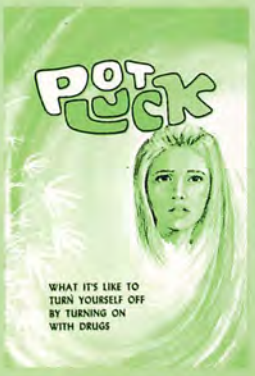
Although smoking is currently allowed in corridors outside the main hall at a sports event, this indoor ban would cover shooting galleries, horse barns, swimming pools, and palaces of sport.

However, spectators wouldn't be the only ones affected by the ban. Smoking by any member of a Soviet national team would also be considered unacceptable.

The committee's recommendation is the most recent addition to the country's stringent antismoking laws instituted by Soviet officials last year.

LOOKING FOR SOMETHING?

Six books now available on the jects of sex, drugs, and alcon



UP THE DOWN ROAD

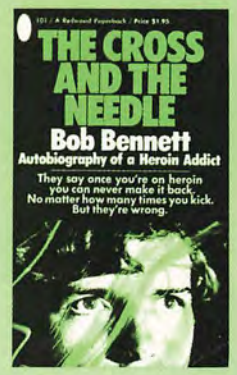
The Alcoholic: He drinks to live and lives to drink. But there is hope and help for the alcoholic. Questions and answers concerning the roads to alcoholism, what it is, who it affects, what the results are, and where to go for help are discussed. Price $.75

POT LUCK

What's it like to turn yourself off by turning on with drugs? Teen-agers speak out about dope, LSD, hash, uppers and downers, and all the rest known to those who have gone that way. A doctor deals with effects of such drugs upon the body. But the ending note from a girl of seventeen packs more punch than any lecture. Price $.75

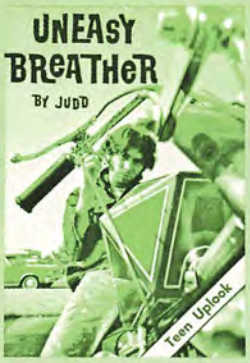
THE CROSS AND THE NEEDLE

"Here give it to me, man," I said. "I'm not scared of the needle." Someone has said that once you are on heroin, no matter how many times you kick the habit, you can never make it back. This story tells of one who did make it back—with the help of Jesus Christ. Price $1.95


THE CROSS AND THE NEEDLE
Bob Bennett
Autobiography of a Heroin Addict
They say once you're on heroin you can never make it back. No matter how many times you kick. But they're wrong.

THIRSTY?

This is about drinking—pop wines, beer, any kind of booze. And it's about another kind of drinking. You'll find out about that kind by the time you read the end. Price $.50

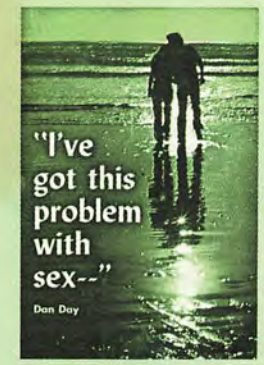


UNEASY BREATHER

Fact: There are no good reasons to smoke. Some 49 million people in the United States smoke, but 75 percent of them want to quit. Why? Geared to the youth, this booklet takes a new slant on smoking with suggestions on how to beat the habit and take hold of the breath of life. Price $.50

"I'VE GOT THIS PROBLEM WITH SEX—"

When God created man, He made a being with emotional, intellectual, spiritual, and physical capabilities. This booklet provides guidelines to help deal with individual physical temptations, keep them in balance, and still maintain Christian growth. Price $.50



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- ☐ "I'VE GOT THIS PROBLEM WITH SEX—" $.50

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